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APPLICANTS

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**** CONTINUING DATA *******

None 2L

**** FOREIGN APPLICATIONS *******

None 2L

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 11/18/2003**

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CO	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<u>Examiner's Signature</u>	<u>Initials</u>	3	12	2

ADDRESS

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TITLE

One wall boil and bite dental tray

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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